

DEPARTMENT OF THE INTERIOR U. S. FISH AND WILDLIFE SERVICE
Klamath Basin National Wildlife Refuge Lease Land Farming Program Monthly Pest Control Report

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| OPERATOR (GROWER) | BUSINESS ADDRESS, CITY, STATE, ZIP CODE | BUSINESS PHONE |
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|-------------|-----------------|-------------------------------|--------------|----------------------|
| CROP | CULTIVAR | SUMP OR AREA AND LOT # | ACRES | PLANTING DATE |
|-------------|-----------------|-------------------------------|--------------|----------------------|

| DATE AND METHOD OF APPLICATION | PESTICIDE AND RATE/ACRE | CROP GROWTH STAGE | PEST IDENTIFICATION | PEST LEVEL OR DAMAGE SEVERITY | SAMPLING DATE AND METHOD | ECONOMIC THRESHOLD (IF KNOWN) |
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REPORT PREPARED BY _____ **DATE** _____